



Step One: Student, please complete the following information:

Name: EMPLID:

Current U.S. Address:

FSU E-mail: U.S. Phone Number

Do you have dependents in J-2 status: Yes No

Please attest to the following statement for yourself and/or any dependents (or set an appointment immediately with your advisor to discuss any lack of insurance coverage):

"I have been notified of and have complied with the requirement that I and my dependents have a minimum accident and sickness insurance in the following amounts (note that the State of Florida requires international students to carry coverage that meets or exceeds these requirements):

- Medical benefits of at least \$100,000 per accident or illness with the following provisions:
 - Co-payment not greater than 25%
 - Waiting period for pre-existing conditions that is reasonable by current industry standards
 - Deductible not greater than \$500
 - Coverage which does not exclude the primary activities of the visitor's program
- Expenses associated with medical evacuation in the amount of at least \$50,000
- Repatriation of remains benefits of at least \$25,000
- Underwriter is rated not less than A- by Best or ISI or AA by S&P or B+ by Weiss, OR policy is backed by the full faith and credit of the exchange visitor's government.

I agree to immediately provide evidence of continuous coverage for myself and my dependents for the duration of my program at any time I am requested to do so. I understand that my program must be terminated by the Center for Global Engagement as required by Federal law if I willfully fail to maintain the above-stated coverage for myself or my dependents or if I materially misrepresent such coverage in this or another statement made to the Center for Global Engagement.

I further understand that termination prevents me from continuing or being reinstated in the J program, potentially from obtaining another visa status, and potentially from accepting funds originally designated for my program in as much as many sponsors require J visa classification."

Signature: _____ Date:

Step Two: Employing Department, please complete the following information:

Note: The following information is required for written authorization and for updates to the Federal database.

Requested dates of authorization From: until:

Note: Student may be authorized by the Center for Global Engagement for up to one year.

Is this work an assistantship? Or Other on-campus work

Please indicate the number of hours per week requested: Hours

Please list the dollar amount the student is expected to receive for the period requested: \$

Will the student receive tuition waivers? In-state Out-of-state Not Applicable

If applicable, for how many hours will the student receive waivers?: Hours

Department Name: Name of payroll representative:

E-mail: Phone: Fax:

Signature of payroll representative: _____ Date: